NC Department of Health and Human Services

NC MEDICAID TRANSFORMATION RESTART

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Medical Care Advisory Committee (MCAC) Meeting
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North Carolina’s Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
Moving to Managed Care

• 1.6 - 1.8 million Medicaid beneficiaries will enroll in Standard Plans.

• Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs)
  – AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)

• All health plans, all regions will go live on July 1, 2021.

• Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs or they have limited benefits. This will be called NC Medicaid Direct.
Challenges

• COVID-19
  – Uncertainty about provider’s prioritizing contracting
  – Complexity in project planning – rapid evolving conditions

• Other Program Changes
  – Tailored Plan Request for Application (RFA) and operational transition in preparation for July 2022 launch
  – DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM “Tribal Option” to go live in Region 1
Medicaid Transformation Timeline

BEGIN OPEN ENROLLMENT

3/15/21

3/15/21

OPEN ENROLLMENT

5/14/21

5/15/21

AUTO ENROLLMENT

END OF CHOICE PERIOD

7/1/21

9/29/21

TRIBAL OPTION & MANAGED CARE LAUNCH

BEGIN State-wide Open Enrollment

CONCLUDE State-wide Open Enrollment

NCMT PHP RESTART & PROJECT ALIGNMENT
Key Transformation Responsibilities by Program Area

In alignment with the DHB Organizational Design various groups and levels within the organization have different sets of responsibility.

Executive Leadership
- Provide overall direction
- Determine the responsible business unit for a function or set of work (features & tasks)
- Prioritize across Medicaid
- Ensure the right skills and capabilities exist within the org.
- Resolve key risks and issues
- Make decisions on highly impactful items

Capability Teams
- Provide support for a capability
- Ensure consistency and integration across business units
- Engage resources with specialized skill sets

Business Units
- Define work (features and tasks) that need to be completed
- Assign work to the appropriate resources
- Integrate people, process, and technology to deliver full solutions
- Managed day-to-day progress of the work and progress towards milestones
- Identify and mitigate to the extent possible risks and issues, escalate when needed
- Make decisions based on the guidance provided by Executive Leadership
- Work with other business units and capability areas as needed to deliver products/outcomes

PMO
- Track status, risks, issues, and decisions
- Manage the change control process for transformation
- Support program reporting and analysis

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*modifications may occur
Restarting Managed Care Implementation – Highlight of Activities

- **Update all stakeholder materials**, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- Formulate **capitation rates** beginning in Nov ’20 and submit to CMS for approval
- Re-review and **resubmit to CMS for approval** several health plans’ contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
- Update the **Consolidated Provider Directory** (NC DHHS, Enrollment Broker, health plans)
- Test **Primary Care Provider Auto Assignment**
- Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse
- Re-validate **Enrollment Broker readiness** including call center staff and scripting once rehired
- Re-evaluate internal **Division of Health Benefit staff readiness**
- For **network adequacy** – monitor progress of **provider contracting** (health plans and providers)
- Moving forward with managed care related procurements including Member Ombudsman, EQRO, Health Opportunities Pilots